

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563866

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1-				
3		2				
4		2				
5		2				
6		①-				
7		1-				
8		1-				
9		1-				
10		1-				
11		①-				
12		①-				
13		1-				
14		①-				
15		1-				
16		①-				
17		①-				
18		①-				
19	1					
20		1-				
21		2				
22		①-				
23		①-				
24		①-				
25		1-				
26		①-				
27	1					
28		1-				
29		1-				
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48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	39	←		←		←
TOTAL CLAIMS	42					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						